

**SANITARY DISTRICT OF DECATUR ILLINOIS  
TRUCK WASH CERTIFICATION FORM**

INDUSTRIAL USER: _____
ADDRESS: _____ _____
SDD DISCHARGE PERMIT NUMBER: _____
DATE: _____

STATEMENT OF CERTIFICATION

“Based on my inquiry of the person or persons directly responsible for managing compliance with this permit and Sanitary District of ~~(SDD)~~ Ordinance 94-01, I certify that, to the best of my knowledge and belief, no tank trailers or tanker trucks were washed out at this facility that contained residues of materials defined as hazardous by the resource conservation and recovery act or expressly prohibited by the SDD since filing of the last certificate. I also certify that all tank trailers and tanker trucks washed at this facility have been recorded in a daily log book, which is kept at the above address and shall be made available for inspection, on demand, by representatives of the Sanitary District of Decatur at any reasonable time.”

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

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PRINTED NAME AND TITLE OF REPRESENTATIVE:

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